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#37  
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
13025-6

In re Application of  
SODERLUND, Hans E. and SYVANEN, Anne-Christine

Application Number  
08/465,322

Filed  
5 June 1995

For  
Reagent Kit for Determining Specific Nucleotide Variations

Group Art Unit  
1634

Examiner  
MYERS, Carla J.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))  
☐ Two months (37 CFR 1.17(a)(2))  
☒ Three months (37 CFR 1.17(a)(3))  
☐ Four months (37 CFR 1.17(a)(4))  
☐ Five months (37 CFR 1.17(a)(5))

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\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 920.00  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any/fees which may be required, or credit any overpayment, to Deposit Account Number 11-0171 additional \_\_\_\_\_.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**Certificate of Mailing Under 37 CFR 1.8**

I hereby declare that this correspondence is being deposited with the United States Postal Service, first class mail in an envelope addressed to:  
Assistant Commissioner for Patents, Washington, D.C. 20231

Date 25 October 2002 Name J. David Ellett, Jr.

Signature

J. David Ellett, Jr.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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GP 1634

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (08-00)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application	08/465,322	
	Filing Date	5 June 1995	
	First Named	SODERLUND, Hans E.	
	Group Art Unit	1634	
	Examiner Name	MYERS, Carla J.	
Total Number of Pages in This Submission		Attorney Docket Number	13025-6

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Receipt Acknowledgement Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. David Ellett, Jr.
Signature	
Date	25 October 2002

## CERTIFICATE OF MAILING

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Typed or printed name	J. David Ellett, Jr.	Signature		Date	25 October 2002
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